U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 7/5

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Thomas Balanoff	Name SEIU Local 1
	Labor Organization File Number 0237/5
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 2500
Street 1156 Ridgewood Drive	Street 111 E. Wacker Drive
City Highland Park	City Chicago
State Illinois ZIP Code + 4 60035	State Illinois ZIP Code + 4 60601
5. Position in labor organization.  President and Trustee of fund	s
A. Held an interest in, engaged in transactions (including loans) with, or omenatory value from an employer whose employees your organization.	sions set forth in the instructions):  derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name One Source Cleaning	lunch
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 429 W. 53rd Street	
City New York	\$35
State New York ZIP Code + 4 10019	
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the
Signed ( Signed	On 08/10/2005 312 233-8700

Name of Person Filing Thomas Balanoff	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Labor Partners LLC			
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 203 N. LaSalle Street	town! O Limpoyou		
City Chicago			
State Illinois ZIP Code + 4 60601			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Holiday gift basket		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$113		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
туу уль 3 ууу Дуул уу сульту 1 уус манган турган манган тайнан тайнан байтан манган тайна бүртийн турган тайна бүйг Тайн байтын турган тайна бүйг түүл турган тайна бүйг түүл түүл түүл түүл түүл түүл түүл түү			
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde	or parts A and B above)		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
	or parts A and B above)		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	or parts A and B above) or other thing of value.  14.a. Nature of payment.		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or parts A and B above) or other thing of value.  14.a. Nature of payment.		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Chicago Equity Partners	or parts A and B above) or other thing of value.  14.a. Nature of payment.		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Chicago Equity Partners  Trade Name, if any:	or parts A and B above) or other thing of value.  14.a. Nature of payment.		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Chicago Equity Partners  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	or parts A and B above) or other thing of value.  14.a. Nature of payment.		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Chicago Equity Partners  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 180 N. LaSalle St.	or parts A and B above) or other thing of value.  14.a. Nature of payment.		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Chicago Equity Partners  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 180 N. LaSalle St.  City Chicago	or parts A and B above) or other thing of value.  14.a. Nature of payment.		

Name of Person Filing Thomas Ba	lanoff	File Number U-

# Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived in	ncome or other economic benefit of monetary value from an employer whose
employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name Kimco Corporation	Golf & meal
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 7300 W. Montrose	proper succession and a send a medical medical desirably paint distances almost deliver sources as the first succession and the second
City Chicago	\$160
State Illinois ZIP Code + 4 60706	
A Hold on interest in aggregating transpositions (including leave) with an defined	ingomo or other economic honoft of mancton; value from an amplayer whose
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	before the control of
Street Street	7.b. Amount.
City	Equipment of an Phylogography on Equipment to produce of the Company of the Compa
State ZIP Code + 4	
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name  Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	gradiente ellevirante ellevirante en entre en entre en entre de entre en entre de s
City	
State : : : : ZIP Code + 4 : : : : : : : : : : : : : : : : : :	

Form LM-30 (2003)

Add New Part A

Name of Person Filing Thomas Balanoff	File Number U-
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# Part C Continuation Page

Fait O Colle	unuation i age
C. Received from any employer (other than an employer covered under parts a payment of money or other thing of value.	A and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Goldberg Weisman & Cairo	golf & dinner baseball tickets
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street One E. Wacker Drive	
City Chicago	
State Illinois ZIP Code + 4 60601	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$365
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
C. <b>Received from any employer</b> (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
3.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Per	son Filina	Thomas	Balanof	ŕ

#### Part B Continuation Page

And the same that the same tha	9. Business deals with:	
8. Name and address of Business (including trade name, if any).	3. Dusitiess deals with.	
Name Marco Consulting Group, Inc.	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	See Seamond	
Street 550 W.: Washington Blvd.	c. Employer	
City Chicago		
State Illinois ZIP Code + 4 60661		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Local 1 Health & Welfare & Pension Fund	1 round of golf & dinner Educational seminar	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		· monores
Street 30 N. LaSalle Street		
City Chicago		
State Illinois ZIP Code + 4 60602	11.b. Approximate dollar value of such dealing.	\$2,015
	12.a. Nature of interest held or income received.	ennament ennem men a men an transfer en en a margane e en may des persons
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		e de la companya de l
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	12.b. Amount.	## NATIONAL REPORT AND PROPERTY OF PROCESSES OF STREET AND ASSESSES OF STREET AND ASSESSES OF STREET ASSESSES
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Name	of Person F	iling The	mas Bal	anoff

#### Part B Continuation Page

	т	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Amalgamated Bank	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street One West Monroe Street	c. Employer	
City Chicago		
State Illinois ZIP Code + 4 60603		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Local 1 Health & Welfare & Pension Fund*	4 Bulls tickets \$1272 4 Cubs tickets \$128 3 lunches \$169	
Trade Name, if any:	2 labor council meetings \$102 Christmas gifts \$256	
P.O. Box, Bldg., Room No., if any 2000		
Street 30 N. LaSalle Street		
City Chicago		
State Illinois ZIP Code + 4 60602	11.b. Approximate dollar value of such dealing.	\$1,927
	12,a. Nature of interest held or income received.	
	12.b. Amount.	THE DAY OF THE PROPERTY OF THE

Name of Person Filing Thomas Balanoff	File Number U-
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#### Part B Continuation Page

8. Name and address of Business (including trade name, if any).	Business deals with:	
Name Associated Third Party Administrators	a. Labor Organization	
Trade Name, if any:	English of	
P.O. Box, Bidg., Room No., if any 2000	b. Trust	
Street 30 N. LaSalle Street	c. Employer	
City Chicago		
State Illinois ZIP Code + 4 60602		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	$\phi \circ d_{\mathbb{R}} \otimes \mathcal{A}_{\mathcal{A}_{\mathbb{R}}} \otimes \mathcal{A}_{\mathbb{R}} \otimes \mathcal{A}_{$
Name Local 1 Health & Welfare & Pension Trust	7 golf outings 7 lunches	The state of the s
Trade Name, if any:		A copy is the second as a seco
P.O. Box, Bldg., Room No., if any		out on the country was a
Street 30 N. LaSalle Street		Annual An
City Chicago		And the software and the software of the softw
State Illinois ZIP Code + 4 60602	11.b. Approximate dollar value of such dealing.	\$1,295
A.	12.a. Nature of interest held or income received.	The fact through the definitive (Simultaneous Association on the contract of t
		program i lagati so haga hoʻs quoninalani s sordino <u>illi</u> an illi siring
	12.b. Amount.	v v v v v v v v v v v v v v v v v v v

	Name of Person Filing	Thomas	Balanoff
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#### Part B Continuation Page

O. Name and address of Divisions (including hade now if any)	9. Business deals with:	
8. Name and address of Business (including trade name, if any).		
Name Amalgamated Bank & Trust of Chicago	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	(X) b. Trust	
Street One West Monroe Street	c. Employer	
City Chicago		
State Illinois ZIP Code + 4 60603		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Local 1 Health & Welfare & Pension Fund*	Custodian of Funds	
		West of the second seco
Trade Name, if any:		THE CONTRACTOR OF THE CONTRACT
P.O. Box, Bldg., Room No., if any		ri i sameli
Street 30 N. LaSalle Street		· · · · · · · · · · · · · · · · · · ·
Security of the security of th		
City Chicago	The second control of	war vermanny de nii a ne di samman at te a a me a a dimedia ada pamadanke any we a pandy e ege page
State T11inois ZIP Code + 4 60602	11.b. Approximate dollar value of such dealing.	
4.	12.a. Nature of interest held or income received.	Arrameteria da esta esta esta esta esta esta esta est
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		enuiteacitii.
		STATE OF THE PROPERTY OF THE P
	12.b. Amount.	\$23,600

Name of Person	Filing	Thomas	Balanoff

# Part B Continuation Page

8. Name and address of Business (including trade name, if any).  Name Amalgamated Investment Co.  Trade Name, if any:  P.O. Box, Bidg., Room No., if any Street One West Monroe Street  City Chicago  State Illinois ZIP Code + 4 60603	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Local 1 Health & Welfare & Pension Fund*  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 2000  Street 30 N. LaSalle Street  City Chicago	Holding company of Amalgamated Ban	k.
State Illinois ZIP Code + 4 60602	11.b. Approximate dollar value of such dealing.	
er en	12.a. Nature of interest held or income received.	and the second s
	Member of the Board of Directors	
	12.b. Amount.	\$20,000

Name	of Person Filin	9 Thomas	Balanoff

# Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Bansley & Kiener	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any Suite 200	J. Trust	
Street 8745 W. Higgins Road	c. Employer	
City Chicago  State Illinois ZIP Code + 4 60631		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Local 1 Health & Welfare & Pension Fund*	1 round of golf & dinner	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 30 N. LaSalle Street		
City Chicago		distribution of the state of th
State Illinois ZIP Code + 4 60602	11.b. Approximate dollar value of such dealing.	\$125
,	12.a. Nature of interest held or income received.	Commission of concern program processors as a propriate as particles and a particle of the par
	12.b. Amount.	- Control of the Cont

Name	of Person I	Filing	Thomas	Balanoff

# Part B Continuation Page

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	r
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Name	a. Labor Organization
Trade Name, if any:	limate repli
Execution and strength and the second of the	b. Trust
P.O. Box, Bldg., Room No., if any	b. Hust
The all the contracts on the second contracts are second contracts and approximate approximate and approximate	grand a Employee
Street	c. Employer
City	
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State Illinois ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name,	11/a. Nature of such dealing.
procedure and control give trade of complayer of training.	you for the first interest of the large statement assumes a segment assumes a segment of the seg
Name	
Sound the resistance destroyed destroyed destroyed and the resistance resistance of the sound of the resistance of the sound of the resistance of the resistance of the sound of the resistance	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
F.O. DOA, DIUG., NOOHE 140., 18 ally	
Street	
ky rya, eth papar area de mot tur than eth bande era e rumenia thair era e rumenia tha	
City	
And the properties of the state	And the second of the second o
State Illinois ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	12.b. Amount.
	12.D. Amount.

Name of Person Filing Thomas Balanoff	File Number U-
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# Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Chicago Asset Management Co.	a. Labor Organization
Trade Name, if any:	damad
P.O. Box, Bldg., Room No., if any	b. Trust
Street 70 W. Madison Street	c. Employer
City Chicago	
State Illinois ZIP Code + 4 60602	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Local 1 Health & Welfare & Pension Trust	1 round of golf & lunch
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 30 N. LaSalle Street	
City Chicago	
State Illinois ZIP Code + 4 60602	11.b. Approximate dollar value of such dealing. \$125
y .	12.a. Nature of interest held or income received.
	12.b. Amount.

Name of Person Filing	Thomas	Ralanoff

#### Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Previant, Goldberg, Uelmen, Gratz, Miller	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any 202	b. Trust
Street 155 N. River Center Drive	c. Employer
City Milwaukee	
State Wisconsin ZIP Code + 4 53212	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name    Control   Control	Baseball game and dinner
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$113
	12.a. Nature of interest held or income received.
	12.b. Amount.

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I serve on these boards as trustee of the following funds:

Local 1 Health and Welfare and Pension Fund Local 25 & Participating Employers Pension Trust Local 25 Health and Welfare Fund The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period January 1, 2004 through December 31, 2004. Accurate records of reportable occurrences were not maintained for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

Thomas Balanoff

